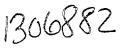
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION





FORM D





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE | ONLY | |
|---------|--------|--------|
| Prefix | | Serial |
| | | |
| DATE RE | CEIVED | |

| | DATE NEGETTED |
|--|--|
| Name of Offering (☐ check if this is an amendment and name has changed, and incase PROSPECT PARTNERS, LLC | dicate change.) |
| Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506 | ☐ Section 4(6) ☐ ULOE |
| Type of Filing: ☑ New Filing ☐ Amendment | |
| A. BASIC IDENTIFICATION DATA | |
| Enter the information requested about the issuer | |
| Name of Issuer (☐ check if this is an amendment and name has changed, and indic 380 PROSPECT PARTNERS, LLC | eate change.) 04047849 |
| Address of Executive Offices(Number and Street, City, State, Zip Code) c/o Oak Tree Management Ltd, 264 Sixth Avenue, Brooklyn, NY 11205 | Telephone Number (Including Area Code) (212) 785-1100 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business Management and renovation of an apartment build | ing. |
| Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ other (ple ☐ business trust ☐ limited partnership, to be formed | ease specify): Limited Liability Company |
| Month Year | DDACECCE |
| Actual or Estimated Date of Incorporation or Organization: [08] [04] Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service about | |
| GENERAL INSTRUCTIONS | THOMSON FINANCIAL |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or | Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6). |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at mailed by United States registered or certified mail to that address. | |

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ Manager/Managing Partner Full Name (Last name first, if individual) Rosan, Richard. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Oak Tree Management Ltd., 254 Sixth Avenue, New York, New York 11205 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ Manager/Managing Partner Full Name (Last name first, if individual) Lucey, Jeremiah Business or Residence Address (Number and Street, City, State, Zip Code) c/o Oak Tree Management Ltd., 254 Sixth Avenue, New York, New York 11205 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Manager/Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Manager Managing/Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager/Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Manager/Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Manager/Managing Partner

Check Box(es) that Apply:
Promoter
Beneficial Owner
Executive Officer
Director
Manager/Managing Partner

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

| | | | | | | _ | | | | | | | | | |
|------------|--------------------------------|--|--|--|--------------------------------------|------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|--|------------------------------|--|------------------------------|----------------|---------|
| | | | | | B. INF | ORMATIC | ON ABOU | JT OFFE | RING | | | | | | |
| 1. | Has the | e issuer s | sold, or d | oes the is | ssuer inte | end to sel | l, to non- | accredite | d investo | rs in this | offering? | · | | Yes | No ⊠ |
| | | | | Answei | also in A | Appendix, | Column | 2, if filing | under U | LOE. | | | | | |
| 2. | What is | s the min | imum inv | estment | that will t | e accept | ed from a | any indivi | dual (but | lesser an | nounts m | ay be acc | cepted) | \$ <u>1,00</u> | 0,000 |
| 3. | Does th | ne offerin | g permit | joint own | ership of | a single | unit? | ••••• | •••••• | •••••• | ••••• | ••••• | | Yes ⊠ | No |
| 4. | commis If a per state or | ssion or s son to be r states, l | similar rei e listed is ist the na | muneration and associated associa | on for soli ciated pe broker o | citation of a | f purchas gent of a If more ti | ers in cor broker of nan five (| nection v dealer ro b) person | vith sales egistered s to be lis | of secur with the | y or indire ities in the SEC and issociated | offering. or with a | | · |
| Ful N/A | | Last nan | ne first, if | individua | al) | | | | | | <u> </u> | _ | | | |
| Bu | siness or | Resider | nce Addr | ess (Num | ber and | Street, Ci | ty, State, | Zip Code | ∌) | | | | | | |
| Na | me of As | sociated | Broker o | r Dealer | | | | | | | | | ·- <u></u> | | |
| Sta | tes in W | hich Per | son Liste | d Has Sc | licited or | Intends t | o Solicit | Purchase | rs | | | - | | | |
| | (Check | "All Stat | es" or ch | eck indiv | idual Sta | tes) | | •••••• | ••••• | ••••• | •••••• | a A | All States | | |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [Mi] [OH] [WV] | [GA] [MN] [OK] [Wi] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| Ful | | | | individua | | [0.1] | 1 | 1.,3 | . [,,,,] | | | | 17.79 | | |
| Bus | siness or | Resider | ce Addr | ess (Num | ber and | Street, Ci | ty, State, | Zip Code | | | | | | | |
| Nai | me of As | sociated | Broker c | r Dealer | | | | | | | | | | | |
| Sta | tes in W | hich Per | son Liste | d Has So | licited or | Intends t | o Solicit | Purchase | rs | | | | | | |
| | (Check | "All Stat | es" or ch | eck indiv | idual Sta | tes) | | | | ••••• | ••••• | 🗆 A | All States | | |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| Ful | l Name (| Last nam | ne first, if | individua | ıl) | | | | | | | | | | |
| Bus | siness or | Resider | ice Addre | ess (Num | ber and | Street, Ci | ty, State, | Zip Code |) | | | | | | |
| Na: | me of As | sociated | Broker o | r Dealer | | | | | | | | | | | |
| Sta | tes in W | hich Pers | son Liste | d Has So | licited or | Intends t | o Solicit | Purchase | rs | | | | | | |
| | (Check | "All Stat | es" or ch | eck indiv | idual Sta | tes) | | | ••••• | | •••••• | 🗆 A | All States | | |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| 1. Enter the aggregate offering price of securities included in this offering "zero." If the transaction is an exchange offering, check this box □ and it | | | |
|--|----------------------------|---|---|
| exchange and already exchanged. Type of Security | Aggragata | Amount Alroady | |
| Type of Security | Aggregate | Amount Already | |
| Dalid | Offering Price | Sold | |
| Debt | | \$ <u>0</u> | |
| Equity | | \$ <u> </u> | |
| Convertible Securities (including warrants) | | \$ <u> </u> | |
| Membership Interests | | \$ | |
| Other: Units consisting of Membership Interests and Tandem notes Total | | \$_980,000 | |
| Answer also in Appendix, Column 3, if filing Under ULOE | . \$1,000,000 | \$_980,000 | |
| Enter the number of accredited and non-accredited investors who have p of their purchases. For offerings Under Rule 504, indicate the number o amount of their purchases on the total lines. Enter "0" if answer is "non | of persons who have purcha | sed securities and the aggreg | |
| | Number Investors | Aggregate Dollar Amount of Purchases | |
| Accredited Investors | 21 | \$_980,000 | |
| Non-accredited Investors | 0 | \$0 | |
| Total (for filings Under Rule 504 only) | • | \$0 | |
| Answer also in Appendix, Column 4 if filing under ULOE | | | • |
| If this filing is for an offering Under Rule 504 or 505, enter the information the types indicated, in the twelve (12) months prior to the first sale of se Question 1 | • | • | _ |
| Type of Offering | | | |
| Rule 505 | | \$ <u> </u> | |
| Regulation A | | \$0 | |
| Rule 504 | | \$ <u>0</u> | |
| Total | • | \$0 | |
| 4. a. Furnish a statement of all expenses in connection with the issuance relating solely to organization expenses of the issuer. The information expenditure is not known, furnish an estimate and check the box to the | may be given as subject to | - | |
| Transfer Agent's Fees | | \$ | |
| Printing and Engraving Costs | | \$ 0 | |
| Legal Fees | | | |
| Accounting Fees | | _ | |
| Blue sky fees | | | |
| Sales Commissions (Specify finder's fees separately) | | | |
| Other Expenses (identify): Postage | | | |
| Total | | | |
| b. Enter the difference between the aggregate offering price given in res Part C – Question 1 and total expenses furnished in response to Part C | sponse to - Question 4.1. | | |
| This difference is the "adjusted gross proceeds to the issuer." | . ⊠ \$ <u>957,21</u> | 5 | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| C. OFFERING PRICE, NUMBER OF INVESTORS | S, EXPENSES AND USE C | FP | ROCEE | DS | , | |
|---|--|--------------|-----------|----------------------------------|------|-----------------------|
| 5. Indicate below the amount of the adjusted grosused or proposed to be used for each of the purposes any purpose is not known, furnish and estimate and the estimate. The total of the payments listed must proceeds to the issuer set forth in response to Part 6 | s shown. If the amount for check the box to the left of equal the adjusted gross | Di | Offic | ents to cers, & Affiliates | | Payments To Others |
| Salaries, dividends | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | \$ | | | \$ |
| Purchase of real estate | | | \$ | | | \$ |
| Purchase, rental or leasing and installation of machinery | and equipment | | \$ | | | \$ |
| Construction or leasing of plant buildings and facilities | | | \$ | | | \$ |
| Acquisitions of other businesses (including the value of | of securities involved in this | | | | | |
| offering that may be used in exchange for th | e assets or securities of | | | | | |
| another issuer pursuant to a merger) | | | \$ | | | \$ |
| Repayment of indebtedness | | | \$ | | | |
| Working capital | | | \$ | | X | \$ 957,215 |
| Other (specify) | | | \$ | | | \$ |
| - · · - · · | | | | | _ | |
| Column Totals | | Ц | ,\$ | ¢ 057 31 | | \$ <u>957,215</u> |
| Total Payments Listed (column totals added) | •••••• | X | j | \$ 957,21 | .5 | - |
| | | | | | | |
| D. FEDERAL SIGNATURE | | | | | | |
| The issuer has duly caused this notice to be signed the following signature constitutes an undertaking b written request of its staff, the information furnished Rule 502. | y the issuer to furnish to the | U.S | . Secur | ities and ex | kcha | nge Commission, upor |
| Issuer (Print or Type) 380 Prospect Partners, LLC | Signature | <i></i> | 7 | Date: C | cto | ber 19, 2004 |
| Name of Signer (Print or Type) | Title of Signer (Print or Typ | p ¢) | | | | |
| Jeremiah Lucey | Authorized Person, Manage | er | | | | |
| Intentional misstatements or omissions of | ATTENTION | imir | sal viola | tions (So | a 19 | II.S.C. 1001.) |

| | of such rule? | | | □⊠. |
|-----|---|---------------------------------|----------------------------|--|
| S | ee Appendix, Column 5, for state response. | | | |
| 2. | The undersigned issuer hereby undertakes to Form D (17 CFR 239.500) at such times as re | | strator of any state in w | hich this notice is filed, a notice on |
| 3. | The undersigned issuer hereby undertakes to issuer to offerees. | furnish to the state adminis | strators, upon written red | quest, information furnished by the |
| 4. | The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the state this exemption has the burden of establishing | e in which this notice is filed | and understands that the | |
| | e issuer has read this notification and knows the dersigned duly authorized person. | contents to be true and ha | as duly caused this notic | ce to be signed on its behalf by the |
| SSI | uer (Print or Type) | Signature | 1 <i>-</i> | Date |
| 80 | Prospect Partners, LLC | | | October 19, 2004 |
| lai | me of Signer (Print or Type) | Title (Print or Type) | | |

Authorized Person, Manager

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualifications provisions. Yes

No

Instruction:

Jeremiah Lucey

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

E. STATE SIGNATURE

| | | | | | PENDIX | | | | |
|-------|---------------|--|--|--------------------------------------|--|--|--------|---------------------------------------|----|
| 1 | ACCF INVES | 2 D TO SELL NON- REDITED STORS IN TATE B-ITEM 1) | 3 TYPE OF SECURITY AND AGGREGATE OFFERING PRICE OFFERED IN STATE | 4 | 5 DISQUALIFICATION UNDER STATE ULOE (IF YES, ATTACH EXPLANATION OF WAIVER GRANTED) (PART E-ITEM 1) | | | | |
| STATE | YES | по | MEMBERSHIP INTERESTS | NUMBER OF ACCREDITED INVESTORS | AMOUNT | NUMBER OF NON- ACCREDITED INVESTORS | AMOUNT | YES | NO |
| AL | | | | | | | | | |
| AK | | | | | · | | | | |
| AZ | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| AR | | | | | <u> </u> | | | | |
| CA | | x | \$1,000,000 | 1 | \$70,000 | 0 | | | x |
| со | | | | | | | | | |
| СТ | | | | | | | | _ | |
| DE | | | | | | | | | |
| DC | | × | \$1,000,000 | 2 | \$140,000 | 0 | | | х |
| FL | | | | | | | | | |
| GA | | | | | | | | | |
| н | | | | | | | | | |
| ID | | | | | | | | | |
| IL | | | | | | | | | |
| IN | | | | | | | | | |
| IA | | | | | | | | | |
| KS | | | | | | | | | |
| KY | ļ | | | | | | | | |
| LA | | | | | | | | | |
| ME | | | | | | | | : | |
| MD | | х | \$1,000,000 | 1 | \$35,000 | 0 | | | x |
| МА | | | | | | | | | |
| MI | | | | | | | | | |
| MN | | | | | | | | | |
| MS | | | | | | | | | |
| МО | | | | | | | | | |

| | | | | | PPENDIX | | | | |
|----------|--------------------|--|--|--------------------------------------|--|--|--------|-----|----|
| 1 | ACCI INVES S | 2 D TO SELL D NON- REDITED STORS IN TATE B-ITEM 1) | 3 TYPE OF SECURITY AND AGGREGATE OFFERING PRICE OFFERED IN STATE | 4 | 5 DISQUALIFICATION UNDER STATE ULOE (IF YES, ATTACH EXPLANATION OF WAIVER GRANTED) (PART E-ITEM 1) | | | | |
| STATE | YES | по | MEMBERSHIP INTERESTS | NUMBER OF ACCREDITED INVESTORS | AMOUNT | NUMBER OF NON- ACCREDITED INVESTORS | AMOUNT | YES | МО |
| MT | | | | | | | | | |
| NE | | | | | | | | · | |
| NV | | | | | | | | | |
| NH NJ | | × | \$1,000,000 | 1 | \$35,000 | 0 | | | × |
| NM | | | | | | | | | |
| NY | | х | \$1,000,000 | 12 | \$420,000 | 0 | | | х |
| NC | | х | \$1,000,000 | 1 | \$70,000 | 0 | | | |
| ND | | | | | | | | | |
| ОН | | | | | | | | | |
| ок | | | | | | | | | |
| OR | | | | | | | | | |
| PA | | x | \$1,000,000 | 2 | \$140,000 | 0 | | | × |
| RI | | | | | | | | | |
| sc | | | | | | | | | |
| SD | | | | | | | | | |
| TN | | | | | | | | | |
| TX | | | | | | | | | |
| UT | | | | | | | | | |
| VT | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| VA | | × | \$1,000,000 | 1 | \$70,000 | 0 | | | х |
| WA | | | | | | | | | |
| WI | | | | | | | | | |
| WY | | | | | | | | | |
| PR | | | | | | | | | |
| FOREIGN | | | | | | | | | |

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